Document ID: RFP 758 2000000202

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Commonwealth of Kentucky SOLICITATION

	Adden	da: No A	ddenda #:			
FITLE: Medicaid Managed Care Organization (MC	O) - All Regions				, , , , , , , , , , , , , , , , , , ,	
Date Issued: 1/10/20 Record Date: 2020-01-10	Solicitation Closes Date: 2/7/20 Time: 15:30		Solicitati RFP	on No: 758	2000000202	
Online Bidding Prohibited: Yes						
For Information Call: Amy Monroe 502-564-4510		Bid Receiving Loo Finance - Office of P Bid Clerk 702 Capitol Ave, Cap	rocurement			
		Frankfort	4.55	KY	40601	
Vendor Customer Number: 0000098158						
Vendor Name: Humana Health Plan, Inc.						
Phone Number: (813) 287-6130						
Fax Number: Not available						
Email Address: jbarger3@humana.com						
Ordering		Payment		1		
Address: 500 West Main Street (Attn: Laura Shaw)		Address: 500 West Main Street (Attn: Laura Shaw)				
City, State, Zip: Louisville, KY 40202		City, State, Zip: Louisville, KY 40202				
Contact Name: John E. Barger III		Contact Name: John E. Barger III				
Contact Email: jbarger3@humana.com		Contact Email: jbarger3@humana.com				
Contact Phone Number: (813) 287-6130		Contact Phone Number: (813) 287-6130				

SIGNATURE OF AUTHORIZED AGENT IS <u>REQUIRED</u> UNLESS RESPONSE IS SUBMITTED ELECTRONICALLY. FAILURE TO SIGN SHALL RENDER THE BID INVALID.

Other

Signature X

Ownership Type

Sole Proprietorship

Partnership

FEIN# KRS 61.878(1)(a)

Date 1-29-2020

. Alan Wheatley, President, Retail Segment, Humana

X Corporation

All offers subject to all terms and conditions contained in this solicitation.